

# Poll Worker Application

(Please print clearly in ink)

1. \_\_\_\_\_  
First Name Middle Last Name

2. \_\_\_\_\_  
Address City Zip Code

3. \_\_\_\_\_  
Mailing Address (If different than above)

4. \_\_\_\_\_  
Home Telephone # Cell Phone #

5. \_\_\_\_\_  
Social Security # (Mandatory)

6. Are you a Registered Voter? ☐ Yes ☐ No

7. Have you ever served as an Election Board Worker? ☐ Yes ☐ No

8. Would you accept assignment to another town in your county?  
(if you checked yes, please list below what town(s) you prefer)

\_\_\_\_\_  
\_\_\_\_\_

9. State the Political Party to which you belong? \_\_\_\_\_

10. Do you speak any other language in addition to English?  
If so what language(s)? ☐ Yes ☐ No

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail or fax completed form to:

**Bergen County Board of Elections**  
One Bergen County Plaza  
Room 310  
Hackensack, NJ 07601  
Tel: 201 336-6225  
Fax: 201 336-6234